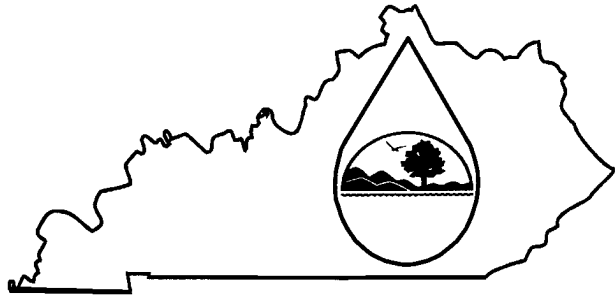


# KPDES FORM 1

3066



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

\$200.00 ck.

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	0097730
A. Name of business, municipality, company, etc. requesting permit Pilot Travel Centers LLC			
<b>B. Facility Name and Location</b>		<b>C. Facility Owner/Mailing Address</b>	
Facility Location Name:		Owner Name:	
Pilot Travel Centers LLC No. 358		Pilot Travel Centers LLC	
Facility Location Address (i.e. street, road, etc.):		Mailing Street:	
5353 Cairo Road		5508 Lonas Drive	
Facility Location City, State, Zip Code:		Mailing City, State, Zip Code:	
Paducah, KY 42001		Knoxville, TN 37909	
		Telephone Number: 865-588-7488	

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: This facility is a travel center which conducts retail sales of diesel fuel and gasoline, as well as retail of convenience store merchandise and a fast food restaurant.

### B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	5541: Gasoline retail and service station		
Other SIC Codes:	5812 eatery		

### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: McCracken	City where facility is located (if applicable): Paducah
C. Body of water receiving discharge: Unnamed tributary to Massac Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 37° 6'0"	Facility Site Longitude (degrees, minutes, seconds): 88° 41'30"
E. Method used to obtain latitude & longitude (see instructions): Mapping software (DeLorme Street Atlas, USA)	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

<b>IV. OWNER/OPERATOR INFORMATION</b>	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Joey Cupp	Telephone Number: 865-588-7488
Operator Mailing Address (Street): 5508 Lonas Drive	
Operator Mailing Address (City, State, Zip Code): Knoxville, TN 37909	
Is the operator also the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class: NA	Certification Number: NA

<b>V. EXISTING ENVIRONMENTAL PERMITS</b>		
Current NPDES Number: KY0097730	Issue Date of Current Permit: 02/01/04	Expiration Date of Current Permit: 01/31/2009
Number of Times Permit Reissued: 3	Date of Original Permit Issuance: 08/01/1993	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	NA	
Solid or Special Waste	NA	
Hazardous Waste - Registration or Permit	NA	

<b>VI. DISCHARGE MONITORING REPORTS (DMRs)</b>
--

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Pilot Travel Centers Joey Cupp, Environmental Manager
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Pilot Travel Centers LLC
DMR Mailing Street:	5508 Lonas Drive
DMR Mailing City, State, Zip Code:	Knoxville, TN 37909
DMR Official Telephone Number:	865-588-7488


## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

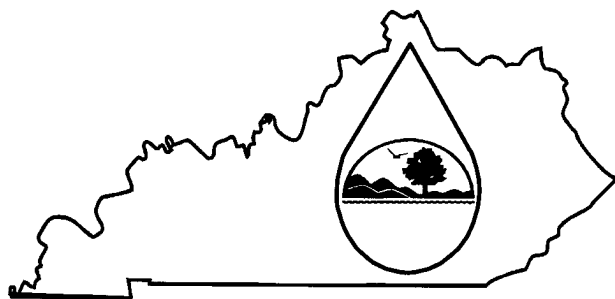
Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	\$200.00

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
<i>Joey Cripp - Environmental Manager</i>	865-588-7488
SIGNATURE	DATE:
	<i>7-31-08</i>

# KPDES FORM F



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, Contact KPDES Branch, (502) 564-3410.

<b>I. OUTFALL LOCATION</b>	AGENCY USE								
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For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
001	37	6	0	88	41	30	unnamed tributary to Massac Creek

### II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
NA					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

### III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

**IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	3.8 acres	10 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Significant materials stored on site are gasoline and diesel fuel. Control measures include spill containment curbing and overfill controls at the underground storage tanks, and catch basins at the fueling islands, all which drain to the oil/ water separator. Management practices include leak monitoring and frequent inspections of all drainage structures for indication of fuel, and immediate cleanup of spills, as prescribed by the facility's Spill Containment and Countermeasure Plan.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
001	oil/ water separator 2 polishing ponds containment curbing at off-loading area and perimeter of pavement documented inspection schedule for all structural components	1-M, 1-U, 4-F

**V. NON-STORM WATER DISCHARGES**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Testing consists of routine monitoring as required under existing permit.

**VI. SIGNIFICANT LEAKS OR SPILLS**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NA

#### VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

#### VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

#### IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
McCoy & McCoy Laboratories, Inc.	85 East Noel Ave Madisonville, KY 42431	502-821-7375	pH TSS Oil and Grease

#### X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

AREA CODE AND PHONE NO.

Joey Cupp - Environmental Manager

865-588-7488

SIGNATURE

DATE SIGNED

7-3-02

## OUTFALL NO: 001

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite		
Oil and Grease	ordered 07/25/08	N/A				
Biological Oxygen Demand BOD <sub>5</sub>	ordered 07/25/08					
Chemical Oxygen Demand (COD)	ordered 07/25/08					
Total Suspended Solids (TSS)	ordered 07/25/08					
Total Kjeldahl Nitrogen	ordered 07/25/08					
Nitrate plus Nitrite Nitrogen	ordered 07/25/08					
Total Phosphorus	ordered 07/25/08					
pH	Minimum	Maximum	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

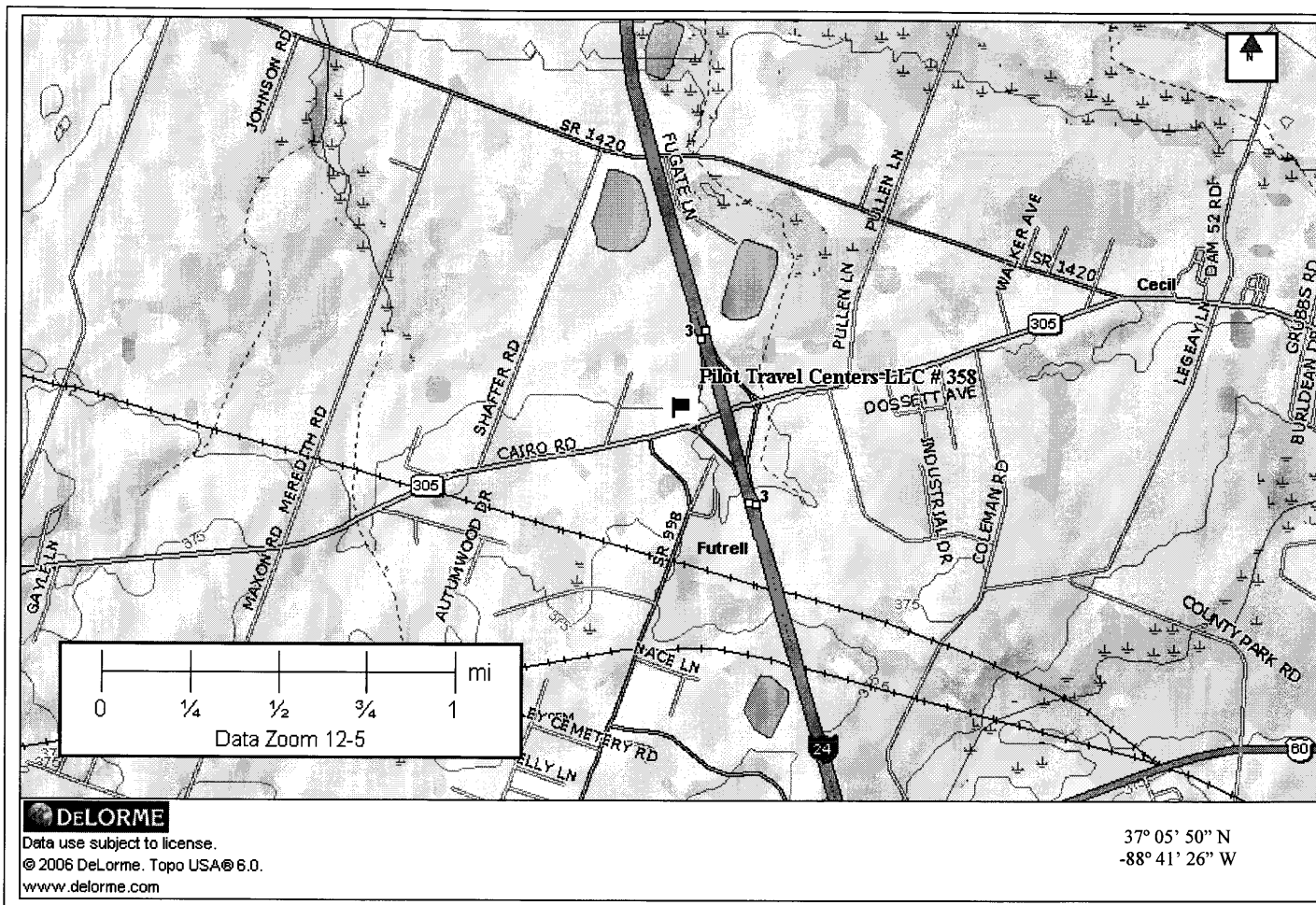
Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
NA					

7. Provide a description of the method of flow measurement or estimate.

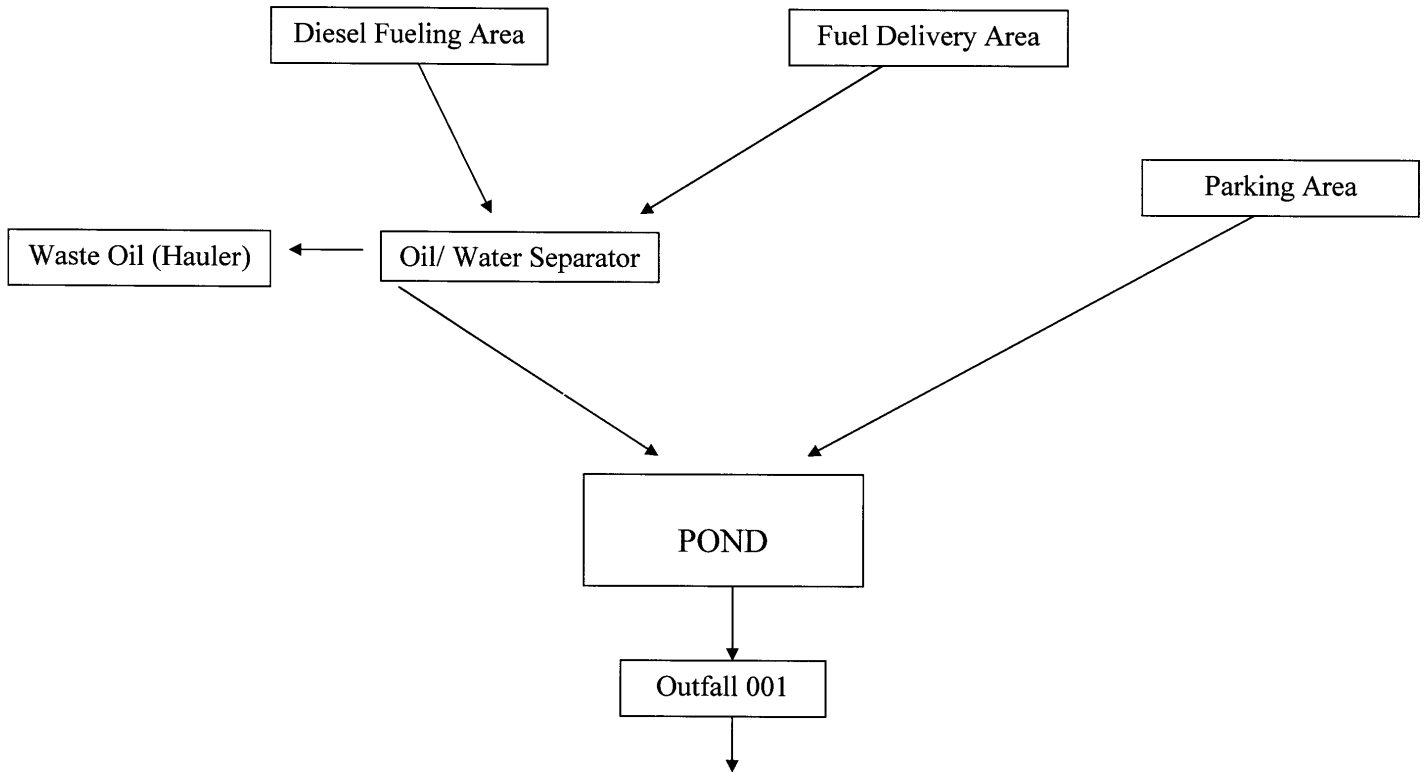
NA
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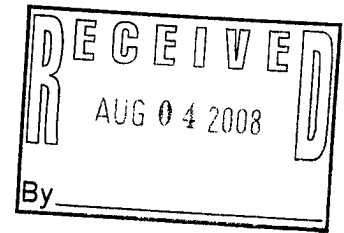
Pilot Travel Centers LLC # 358  
Paducah, KY  
NPDES Permit Application

Water Flow Line Drawing  
Pilot Travel Centers LLC  
# 358  
Paducah, KY





P.O. Box 50636  
Knoxville, TN 37950  
Phone: (865) 588-5422  
Fax: (865) 588-6857



July 31, 2008

KPDES Branch  
Division of Water  
Frankfort Office Park  
14 Reilly Road  
Frankfort, KY 40601

RE: Pilot Travel Centers LLC #358  
Renewal of KYPDES Permit # KY0097730  
Expiring January 31, 2009

CERTIFIED MAIL # 7006 3450 0000 6559 8035

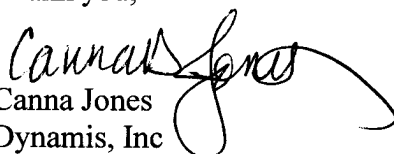
Dear Sir or Madam,

Please receive the following renewal application for the reissuance of Permit number KY0097730 for the listed facility in Paducah, KY. Pollutant sampling from this site have been taken for this application, however the values are not yet available. The results will be forwarded you as soon as they are analyzed. A list of included documents is listed below, and a check for the application fee is also enclosed.

Form 1  
Form F  
Topographic Map  
Flow Schematic  
Site Plan

Please feel free to contact me with any questions at 865-588-5422 ext 205.

Thank you,

  
Canna Jones  
Dynamis, Inc

Enclosures  
cc: Pilot Travel Centers